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ABSTRACT

An area probability sample of 200 elderly residents, living in two California cities, were interviewed to determine the nature of informal helping networks enabling them to maintain independence, specifically the relationship between involvement in informal helping networks and utilization of social and health services. Preliminary findings suggest that the majority receive help from at least one other person, and one-third are engaged in a mutual exchange relationship. Transportation is the most frequently cited type of help. One-fourth of the sample's respondents were characterized as high risk, and the majority of individuals received personal, labor intensive support from family, friends, and neighbors. Sample respondents use formal services infrequently. Forty percent of the respondents indicated that, in times of crisis, they rely exclusively on informal helping supports: another 40% receive augmenting help from the formal service network: the remaining 20% felt they would have to rely completely on the formal service network. (Author)

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Informal
HELPING NETWORKS

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The data I am going to discuss is part of a larger study titled The Neighborhood Environment and the Older Person: Social Supports and Physical Delimiters conducted by Victor Regnier, Chief of the Environmental Studies Laboratory at the Andres Gerontology Center, University of Southern California, in cooperation with the Los Angeles County Area Agency on Aging.

My colleague Dorothy Fleisher and I carried responsibility for that portion of the study that focused on Informal Helping Networks that older people depend upon to maintain themselves in independent living in the community.

Sample

The sample included 200 respondents living in two quite different cities; Glendale, having almost no Social Services and Pasadena with a large number of Social Services. An area probability sampling procedure was used and the 200 participants were interviewed face-to-face.

Helping Relationships

The helping relationship that was explored was viewed from 3 perspectives:

1) What informal helping supports do older persons depend upon to help them cope on a daily basis?
2) What help, if any, do these older people provide to others?
3) Where will they turn for help when they become frail?

I will review only the highlights of the findings. Let us look at a profile of the respondents on 6 characteristics as shown in Table 1.

AGE: Fifty percent of the sample were 75 years of age and over, a population identified as "at risk".

SEX: Two-thirds of the sample were female and one-third male ; a ratio that is parallel to the national pattern in the later years.

MARITAL STATUS: Thirty-six percent of the sample were living with their spouse. The 64% who lived alone were those who had either never married, were divorced, separated or widowed. The population is also identified as being more at risk than the married.

HOUSING: Thirty-eight percent lived in single dwellings. Sixty-two percent were apartment dwellers which suggests they had a greater potential for developing helping relationships with neighbors.

SUBJECTIVE HEALTH RATING: Seventy-three percent rated themselves as in Good to Excellent health; 27% as in Poor, Fair, or Average health. The respondents' ratings were verified by interviewers observations. Those in poorer health are identified as an " at risk" population.

ETHNICITY: Only 13% of the sample were members of minority groups.

The first perspective the helping relationship was viewed from was that of Help Received by Respondents. This perspective was examined on three dimensions.

1. Number of persons that were helping the respondent
2. The relationship of the helper to the respondent
3. The type of help received by respondent

Table 2, Respondents Receiving Help From Others, reveals the data for the first dimension. Seventy-three percent of the respondents are receiving help from 1,2,or 3 persons and from this group, 40% are receiving help from three persons. The existence of a helping network in the latter group is identifiable.

Table 3, Respondents' Relationships to Helpers, covers the second dimension. Thirty-six percent, the largest group, receive help from friends (which include both long and short term relationships). Twenty-six percent of the sample, the next largest group, are receiving help from neighbors. Since only 36% of the

sample are living with their spouse, the fact that only 10% reported receiving help from a spouse is not surprising.

Table 7, Type of Help Received by Respondents, covers the third dimension. Transportation was identified by 53% of the sample; 32% identified chores, and errands such as banking, going to the post office, doing small repairs, watering the lawn, etc.; 26% reported receiving companionship and reassurance and 17% received household help. These are the kinds of help needed to assist older persons to cope on a day-to-day basis.

The second perspective flips the view to search out the extent to which those older persons receiving help were also providing help. Too often we think of older persons as merely dependent, not as interdependent. What we need to become aware of is that they act in the role of givers as well as in the role of receivers of services.

The second perspective, What Help If Any Are the Respondents Providing, was alos examined on three dimensions.

1. How many people are they helping?
2. What is their relationship to the persons they are helping?
3. What type of help are they providing?

Table 4, Respondents Providing Help to Others, covers the first dimension. Sixty-one percent are helping 1,2,or 3 persons and only 39% reported they were not helping anyone.

Table 5, Respondents' Relationship to Helpees, examines the second dimension. Fifty-seven percent of the respondents were engaged in helping people outside the family, with 29% helping neighbors and 28% helping friends.

It is interesting to note here that many respondents were engaged in Mutual Exchange Relationships. Twenty-nine percent of the sample exchanged services with friends and neighbors, as reported in Table 6.

The third dimension of this perspective, Table 8, examines the Type of Help Respondents Provided to Others. The largest percentage, 25%, were providing help with chores and errands, 19% were providing transportation and 18% provided companionship or reassurance. It is significant that these three services were among the top three services that respondents were also receiving.

The third perspective looks at the present use of Formal Services as well as respondents identification of which formal services they are likely to turn to when they become frail. As we know there are many needs that the informal network cannot provide on either a daily basis or on a sustained basis over a long period of time which the formal network must be depended upon to provide. Of the list of formal services in Table 9, only one, Senior Center, was used by more than 10% of the respondents. Of the 198 responding to this question, 13.6% identified the Senior Center as a formal service that they use. Although 53% of the respondents indicated they received help with transportation through their informal networks, only 7% indentified using transportation through the formal network. This pinpoints the reliance older persons place upon the informal system and its flexibility to respond to their individual needs. This also raises questions about our allocation of resources. Do we need to take a closer look at providing support to the informal network caregivers who can supply services as needed?

Keeping in mind the present low usage of formal services identified in Table 9, a look at Table 10 is especially revealing. The participants in the study were asked their response to a hypothetical situation requiring them to identify where they would turn for help in the future when they grew frail and could no longer cope. The question read as follows: "We know some people as they grow older find it harder to cook and clean, walking becomes more difficult and doing the shopping becomes a chore. What if you found yourself in a similar

situation? Who would help you? List your first, second and third choice." Responses were classified into three categories: 1) the formal system, which included medical and/or social service facilities and institutions, congregate care facilities or the church; 2) the informal system which included spouse, children, relatives, friends and neighbors; and 3) Don't Know.

Although 73% indicated the informal sources of help as their first alternative when they grew frail, only 50% indentified informal sources as their second choice, and fewer, 28%, identified it as their third choice. The revealing statistic is that it was not the formal system that was identified as a second or third alternative, but the fact that participants responded they DID NOT KNOW where they would turn to for help when they grew frail.

This is not surprising, considering that the present generation of older persons have little knowledge and less experience with mass public and social services. In fact the use of such services is anti-thetical to their value biases of independence and self-worth,upon which their image of self-esteem rests.

What emerges from this data is the significance of the informal support system to the older person's ability to cope on a day-to-day basis with the demands of daily living. These networks appear to be essential to their ability to remain in independent living as long as feasible.

Table 1

DEMOGRAPHIC DATA

	N	Percent
Age	200	
60-64		8.5
65-69		20.5
70-74		21.0
75-79		23.5
80-84		17.0
85+		9.5
Sex	200	
Female		76.5
Male		23.5
Ethnicity	200	
Black		11.5
Chicano		1.0
Asian		0.5
White		87.0
Marital Status	200	
Lives with spouse		36.5
Lives alone		63.5
Education	196	
None		0.5
Grade school		15.8
High school		50.5
College		27.6
Graduate school		5.6
*Monthly Income	166	
A 0-249(S); 0-391(M)		9.0
B 250-416(S); 392-658(M)		33.1
C 417-666(S); 659-1050(M)		27.8
D 667+(S); 1051+(M)		30.1
Housing	200	
House		38.5
Apartment		61.5
Age of Other Tenants/Neighbors	199	
All over 60		19.1
Most over 60		25.1
All adults		19.1
Adults and children		36.2
Other		0.5
Health Rating by Subject	193	
Poor		1.0
Fair		3.6
Average		22.8
Good		45.6
Excellent		27.0

*Monthly Income: S = Single person
M = Married couple's combined income

WITH WHOM IS THE HELPING RELATIONSHIP ESTABLISHED?

Table 2

Respondents Receiving Help From Others

Number of Helpers Named by Respondents	N 199	Percent
0		28
1		15
2		18
3		40

Table 3

Respondents' Relationships to Helpers*

Receiving Help From:	N	Percent
Friends	199	36
Neighbors	199	26
Spouse	199	10
Daughter, Daughter-in-Law	198	17
Other Female Relative	198	15
Son, Son-in-Law	198	12
Other Male Relatives	198	11

Table 4

Respondents Providing Help to Others

Number of People Whom Respondents Are Helping	N 199	Percent
0		39
1		28
2		16
3		17

*Many respondents provided help to several persons.

WITH WHOM IS THE HELPING RELATIONSHIP ESTABLISHED?

Table 5

Respondents' Relationship [illegible]elpees*

Providing Help To:	N	Percent
Friends	198	28
Neighbors	198	29
Spouse	198	04
Daughter, Daughter-in-Law	198	06
Other Female Relatives	198	10
Son, Son-in-Law	198	03
Other Male Relatives	199	06

Table 6

Respondents Engaged in a Mutual Exchange Relationship

Respondents Exchanging Help on a Mutual Basis With:	N 199	Percent
Friends		11.0
Neighbors		18.0
Daughter, Daughter-in-Law		1.5
Other Female Relatives		3.0
Son, Son-in-Law		1.5
Other Male Relatives		2.0

*Many respondents provided help to several persons.

WHAT TYPE OF HELP IS EXCHANGED?

Table 7

Type of Help Received by Respondents

Type of Help Received	Percentage Receiving Services	Frequency With Which Received Services in Percentages			Total N
		High[1]	Medium[2]	Low[3]	199
Transportation	53	32	11	10	
Household Help	17	13	3	1	
Chores/Errands	32	17	7	8	
Financial Assistance	5	2	2	1	
Guardianship/Conservatorship	0.5	0.5	--	--	
Companionship/Reassurance	26	18	5	3	
Neighborhood Watch	5	2.5	0.5	2	
Personal/Nursery Care	4	1	--	3	
Information & Referral	0.5	--	--	0.5	
General Help	12	2	4	6	
Escort Service	5	4	1	--	
Sharing Household	10	--	--	--	

[1]High = at least one time per week

[2]Medium = several times per month; at least one time per month

[3]Low = several times per year; at least one time per year

Table 3

Type of Help Respondents Provided to Others

Type of Help Provided	Percentage Providing Services	Frequency With Which Services Are Provided by Percentages			Total N
		High[1]	Medium[2]	Low[3]	199
Transportation	19	11	4	4	
Household Help	13	8	3	32	
Chores/Errands	25	13	7	5	
Financial Assistance	6	3	1	2	
Guardianship/Conservatorship	2.5	2	--	0.5	
Companionship/Reassurance	18	14	2	2	
Neighborhood Watch	5	2	2	1	
Personal/Nursing Care	3	1.5	0.5	1	
Information and Referral	0.5	--	--	0.5	
General Help	3	1	1	1	
Escort Service	3	--	2	1	

[1]High = at least one time per week

[2]Medium = several times per month; at least one time per month

[3]Low = several times per year; at least one time per year

IN GLENDALE AND PASADENA

Table 9

Respondents Use of Formal Services

Formal Services	User Percent	N
Senior Center	13.6	198
Recreation Center	6.0	198
Information and Referral	1.5	197
Counseling	0.5	197
Lunch Meals Program	6.0	198
Meals on Wheels	1.5	198
Legal Aid	1.0	198
Housing Assistance	3.6	197
Transportation	7.6	198
Employment	1.0	197
Education	0.6	198
Homemaker/Chore	1.5	198
Telephone Reassurance	1.6	189
Other	2.0	196

WHERE DO OLDER PERSONS EXPECT TO TURN FOR HELP WHEN THEY BECOME FRAIL?

Table 10

Future Sources of Help Identified* by Respondents

Source of Help	Choice	Percent	N
Informal	#1	73.5	200
Formal	#1	17.5	
Don't Know, No Response	#1	9	
Informal	#2	50.0	
Formal	#2	20.5	
Don't Know, No Response	#2	29.5	
Informal	#3	28.5	
Formal	#3	11	
Don't Know, No Response	#3	60.5	

*Formal: Medical, social, congregate care, church
Informal: Spouse, children, other relatives, friends/neighbors.